

1082

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/530126

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20		3				
21		1				
22						
23						
24						
25						
26						
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31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43	1					
44		3				
45						
46						
47						
48						
49		4				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
55						
56						
57		2				
58		3				
59		3				
60	1					
61		1				
62		1				
63		1				
64						
65						
66						
67						
68						
69	1					
70						
71						
72						
73		1				
74						
75						
76	1					
77						
78						
79						
80						
81	1					
82		1				
83						
84	1					
85		1				
86	1					
87	1					
88	1					
89						
90						
91		3				
92		1				
93						
94	1					
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

10/530/24

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

2062

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102		/		/		
103						
104		/		/		
105		/		/		
106	/					
107		/		/		
108		/		/		
109		/		/		
110		/		/		
111		/		/		
112	/		/			
113		/		/		
114		/		/		
115	/		/			
116	/		/			
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144						
145						
146						
147						
148						
149						
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
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161						
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192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						